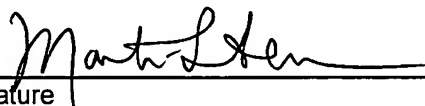
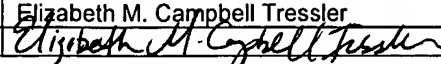


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| TRANSMITTAL FORM  |                                  |   |                                    | Application Number  |        | 10/768,310                |                  |
|---|----------------------------------|---|------------------------------------|---|--------|---------------------------|------------------|
|   |                                  |   |                                    | Filing Date   |        | January 30, 2004          |                  |
|   |                                  |   |                                    | First Named Inventor  |        | James Robert Dupuy et al. |                  |
|   |                                  |   |                                    | Art Unit  |        | 3652                      |                  |
|   |                                  |   |                                    | Examiner Name   |        | Thomas J. Braham          |                  |
| Total Number of Pages in This Submission  |                                  |   | 9                                  | Attorney Docket Number  |        | 018778-9224               |                  |
| <b>ENCLOSURES (check all that apply)</b>  |                                  |   |                                    | <b>PETITION FOR EXTENSION OF TIME</b>   |        |                           |                  |
| <input checked="" type="checkbox"/> Supplemental Amendment/Reply<br><input checked="" type="checkbox"/> Before Final - 7 pages<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declarations<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> PTO-1449 Form(s)<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other: |                                  |   |                                    | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br><br><input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27.<br><input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5)).<br><input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely. |        |                           |                  |
| <b>CLAIMS FEES</b>  |                                  |   |                                    |   |        |                           |                  |
| <input checked="" type="checkbox"/> No additional claim fee is required.  |                                  |   |                                    |   |        |                           |                  |
|   |                                  |   |                                    | Small Entity  |        | Large Entity              |                  |
|   | Claims Remaining After Amendment |   | Highest Number Previously Paid For | Extra Claims Present  | Rate   | Addit. Claim Fee          | Addit. Claim Fee |
| Total   | 25                               | - | 25                                 | =0  | x 25=  | \$                        | x 50= \$0        |
| Independent   | 3                                | - | 3                                  | =0  | x 100= | \$                        | x 200= \$0       |
| <input type="checkbox"/> First Presentation of Multiple Claim   |                                  |   |                                    |   | + 180= | \$                        | +360= \$0        |
| <b>FEES</b>   |                                  |   |                                    |   |        |                           |                  |
| <input type="checkbox"/> Additional Claim Fee   |                                  |   |                                    |   |        | \$0.00                    |                  |
| <input type="checkbox"/> Extension fee for one-month  |                                  |   |                                    |   |        | \$0.00                    |                  |
| <input type="checkbox"/> Information Disclosure Statement   |                                  |   |                                    |   |        | \$0.00                    |                  |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration  |                                  |   |                                    |   |        | \$0.00                    |                  |
| <input type="checkbox"/> Terminal Disclaimer  |                                  |   |                                    |   |        | \$0.00                    |                  |
| <b>TOTAL FEES</b>   |                                  |   |                                    |   |        | <b>\$0.00</b>             |                  |
| <b>PAYMENT OF FEES</b>  |                                  |   |                                    |   |        |                           |                  |
| <input type="checkbox"/> A check in the amount of \$ 0.00 is enclosed.  |                                  |   |                                    |   |        |                           |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. A duplicate copy of this transmittal is enclosed for this purpose.  |                                  |   |                                    |   |        |                           |                  |
| <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$0.00.   |                                  |   |                                    |   |        |                           |                  |
| <b>SIGNATURE OF ATTORNEY</b>  |                                  |   |                                    |   |        |                           |                  |
| Martin L. Stern, Reg. No. 28,911<br>MICHAEL BEST & FRIEDRICH, LLP<br>401 North Michigan Avenue<br>Suite 1900<br>Chicago, Illinois 60611<br>Telephone: (312) 222-0800<br>Facsimile: (312) 222-0818   |                                  |   |                                    | <br>Signature<br>Date: October 7, 2005  |        |                           |                  |
| <b>CERTIFICATE OF TRANSMISSION/MAILING</b>  |                                  |   |                                    |   |        |                           |                  |
| I hereby certify that this correspondence is:<br><input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.<br><input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below   |                                  |   |                                    |   |        |                           |                  |
| Typed or printed name   |                                  |   |                                    | Elizabeth M. Campbell Tressler  |        |                           |                  |
| Signature   |                                  |   |                                    |    |        | Date: October 7, 2005     |                  |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
Group Art Unit 3652

In re

Patent Application of

James Robert Dupuy et al.

Application No. 10/768,310

Confirmation No.: 6329

Filed: January 30, 2004

Examiner: Thomas J. Brahan

“DUAL FUNCTION INBOARD  
BARRIER/BRIDGEPLATE ASSEMBLY FOR  
WHEELCHAIR LIFTS”

Atty. Dkt. No.: 018778-9224

I, Elizabeth M. Campbell Tressler, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.

Elizabeth M. Campbell Tressler  
Signature

10/11/2005  
Date of Signature

**AMENDMENT AND RESPONSE TO OFFICE ACTION DATED AUGUST 1, 2005**

Mail Stop Amendments  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This communication is in response to the Office Action dated August 1, 2005. Applicant believes that no further claim fees are due in association with new claims 36-40, which are resubmitted herewith, as the Office charged the additional claims fees to Deposit Account No. 50-1965 upon receipt of Applicant's Supplemental Amendment mailed on April 1, 2005, which was not entered.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.